

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>NRSC</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00027466  |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                    |   |  |
|--|--------------------|---|--|
| Full Name of Payee<br><b>DEL RAY MEDIA</b>                               |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2016</b>  |  |
| Mailing Address <b>1427 LESLIE AVE.</b>                                  |                    | Amount<br><b>25000.00</b>   |  |
| City<br><b>ALEXANDRIA</b>  | State<br><b>VA</b> | Zip Code<br><b>22301</b>  | Transaction ID : <b>WFT20167191636-1</b> |
| Purpose of Expenditure<br><b>MEDIA PRODUCTION</b>                        | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 17 / 2016</b>   |  |
| Name of Federal Candidate<br><b>BAYH EVANS BIRCH III</b>                 |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>462664.60</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶   |  |

|  |                    |   |  |
|--|--------------------|---|--|
| Full Name of Payee<br><b>DEL RAY MEDIA</b>                               |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 19 / 2016</b>  |  |
| Mailing Address <b>1427 LESLIE AVE.</b>                                  |                    | Amount<br><b>10000.00</b>   |  |
| City<br><b>ALEXANDRIA</b>  | State<br><b>VA</b> | Zip Code<br><b>22301</b>  | Transaction ID : <b>WFT20167191637-1</b> |
| Purpose of Expenditure<br><b>DIGITAL MEDIA PRODUCTION</b>                | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 18 / 2016</b>   |  |
| Name of Federal Candidate<br><b>BAYH EVANS BIRCH III</b>                 |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IN</b> |  |
| Calendar Year-To-Date Per Election for Office Sought<br><b>462664.60</b> |                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016<br><input type="checkbox"/> Other (specify) ▶   |  |

|   |                 |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | <b>35000.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                  |                 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 19 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br><b>NRSC</b>   | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00027466 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |   |

|  |                    |  |   |  |  |
|--|--------------------|--|---|--|--|
| Full Name of Payee<br><b>DEL RAY MEDIA</b>                 |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2016</b>  |  |  |
| Mailing Address <b>1427 LESLIE AVE.</b>                    |                    |  | Amount<br><b>50115.50</b>   |  |  |
| City<br><b>ALEXANDRIA</b>                                  | State<br><b>VA</b> | Zip Code<br><b>22301</b>   | Transaction ID : <b>WFT20167191638-1</b>  |  |  |
| Purpose of Expenditure<br><b>MEDIA PLACEMENT</b>           |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 17 / 2016</b>   |  |  |
| Name of Federal Candidate<br><b>MASTO CORTEZ CATHERINE</b> |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought    |                    | <b>1632006.16</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name of Payee<br><b>STRATEGIC MEDIA PLACEMENT</b>  |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2016</b>  |  |  |
| Mailing Address <b>7669 STAGERS LOOP</b>                |                    |  | Amount<br><b>24479.00</b>   |  |  |
| City<br><b>DELAWARE</b>                                 | State<br><b>OH</b> | Zip Code<br><b>43015</b>   | Transaction ID : <b>WFT20167191640-1</b>  |  |  |
| Purpose of Expenditure<br><b>MEDIA PRODUCTION</b>       |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 17 / 2016</b>   |  |  |
| Name of Federal Candidate<br><b>STRICKLAND THEODORE</b> |                    | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>1240024.27</b>  | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|  |                  |
|--|------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>74594.50</b>  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                  |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <b>109594.50</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Banning Jay

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**08 / 19 / 2016**

Signature